RECEIVED CENTRAL FAX CENTER

MAR 2 7 2006

PTO/SB/17 (12-04)

Approved for use through 07/31/2008.	OMB	0651	003

U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid QMB control number Complete if Known Effective on 12/08/2004. pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). 09/848,705 Application Number TRANSMIT 5/2/2001 Filing Date Christopher F. Weight For FY 2005 First Named Inventor WILLIAM L. BASHORE Examiner Name Applicant claims small entity status. See 37 CFR 1.27 2176 Art Unit (\$) 790.00 MS₁ 0907US TOTAL AMOUNT OF PAYMENT Attorney Docket No. METHOD OF PAYMENT (check all that apply) Other (please identify) Check Credit Card Money Order Lee & Hayes, PLLC Deposit Account Name Deposit Account Deposit Account Number. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES SEARCH FEES Small Entity** Small Entity Small Entity Fees Paid (\$) Fee (\$) Fee (\$) **Application Type** Fee (S) Fee (\$) Fee (5) 500 200 100 300 150 250 Utility 130 65 200 100 100 50 Design 80 200 100 300 150 160 Plant 600 Reissue 300 150 500 250 300 200 100 Provisional 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$) Fee Description 50 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 360 180 Multiple dependent claims Multiple Dependent Claims **Total Claims** Fee Paid (\$) Extra Claims Fee (\$) Feo Paid (\$) - 20 or HP = 50 Fee (\$) MP = highest number of total claims paid for, if greater than 20 Fee Pald (\$) Indop. Claims Extra Claims <u>Fee (\$)</u> 200 HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) **Total Sheets** Extra Sheets (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: Request for Continued Examination (RCE) \$790.00 SUBMITTED BY Registration No. Telephone (509) 324-9256 38605 Signature

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

Date

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Lance R. Sadler

Name (Print/Type)